

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		101		/
2		/					52		/		102		/
3		/					53		/		103		/
4		/					54		/		104		/
5		/					55		/		105		/
6		/					56		2		106		/
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72	/					
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
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40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.					2	
TOTAL DEP.							TOTAL DEP.					105	
TOTAL CLAIMS							TOTAL CLAIMS					107	

09/432498

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
26 10 1	✓	✓	✓	✓			61			
10 2							62			
10 3							63			
27 10 4		✓		✓			64			
28 10 5		✓		✓			65			
10 6		✓		✓			66			
10 7		✓		✓			67			
8							68			
9							69			
10							70			
11							71			
12							72			
13							73			
14							74			
15							75			
16							76			
17							77			
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29							89			
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31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41										
42										
43										
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45										
46										
47										
48										
49										
50										
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			